

Case Number:	CM14-0166836		
Date Assigned:	10/14/2014	Date of Injury:	05/05/2010
Decision Date:	11/14/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant has a history of a cumulative trauma injury involving her right upper extremity while performing repetitive upper extremity movements while working as a clerk in the prison system with date of injury of 05/05/10. The Injured worker has been treated for right shoulder impingement syndrome, right medial and lateral epicondylitis, right ulnar neuritis, and right thumb pain. She underwent right elbow surgery on 08/07/12. She had 15 sessions of therapy after surgery and returned to work in December 2012 at regular duty. She was seen on 02/27/13. She was having moderately severe right shoulder pain with decreased range of motion. Prior treatments for her shoulder had included an injection which had not helped. She had mild to moderate right elbow pain, right hand pain and weakness, and right finger tingling. Physical examination findings included decreased right shoulder range of motion. There was diffuse shoulder tenderness. She was referred for further evaluation. She underwent right shoulder arthroscopy with subacromial decompression and rotator cuff debridement and repair on 01/14/14. She was evaluated for physical therapy on 02/13/14. As of 06/03/14 she had attended 31 physical therapy treatment sessions. There had been severe pain after the last treatment. She was having ongoing rotator cuff weakness. She wanted to continue a strengthening and range of motion program. She was seen for follow-up on 06/23/14. The assessment references the claimant as doing well. Pain was being controlled with ibuprofen every other day. Pain was rated at 7/10. Medications were hydrocodone/acetaminophen 10/325 mg #90, ibuprofen 200 mg, Compazine, and a multivitamin. Physical examination findings included decreased shoulder range of motion. Recommendations included a continued home exercise program and continued participation in physical therapy. On 09/22/14 she was having muscle pain. Pain was rated at 7/10. Physical examination findings included decreased range of motion and biceps and triceps muscle

tenderness. The assessment references continuing to work on a progressive strengthening and home exercise program. Improvement over the subsequent six months was expected. She was referred again for physical therapy. The note references the claimant as having had very limited Physical Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Sixteen (16) sessions of physical therapy for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 and Functional Improvement Measur.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for right shoulder pain. She underwent shoulder arthroscopy with post-operative physical therapy in January 2014 and as of June 2014 she had attended 31 physical therapy treatment sessions. Her provider documents performance of a home exercise program. Post-surgical treatment after the claimant's shoulder arthroscopy includes up to 24 physical therapy visits over 14 weeks with a postsurgical physical medicine treatment period of 6 months. Compliance with a home exercise program would be expected and would not require specialized equipment. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of Thera Bands for strengthening and self-applied modalities such as heat and ice. In this case the claimant is more than 6 months status post-surgery and has already had in excess of the recommended number of treatments. Performance of a home exercise program is documented. Therefore, the requested additional sixteen (16) sessions of physical therapy for the right shoulder are not medically necessary and appropriate.